

# SPONSOR REGISTRATION FORM

## Montana Human Resources Conference

**Only fill this form out if you are unable to attend as a Vendor, but would like to participate as a sponsor of the Conference.**

Company Name	_____
Sponsor Contact Name	_____
Company Address	_____
City, State Zip	_____
Phone / Fax	_____
E-Mail Address	_____
Description of Services	_____
Name of Joint Sponsor Co.	_____
Address	_____
City, State Zip	_____
Phone / Fax	_____
E-Mail Address	_____
Description of Services	_____
Name of Joint Sponsor Co.	_____
Address	_____
City, State Zip	_____
Phone / Fax	_____
E-Mail Address	_____
Description of Services	_____

**Our Company is unable to setup and staff a vendor booth this year:**

Our company would like to **SPONSOR** a  
\_\_\_\_\_Break \_\_\_\_\_Luncheon \_\_\_\_\_Reception and request that the Montana Human Resource Conference include our business brochure in participant packets.

**Enclosed is a check for** \_\_\_\_\$200 \_\_\_\_\$250 \_\_\_\_\$300 \_\_\_\_\$350 \_\_\_\_Other

The above companies would like to **JOINTLY SPONSOR** a  
\_\_\_\_\_Break \_\_\_\_\_Luncheon \_\_\_\_\_Reception and request that the Montana Human Resource Conference include our business brochure in participant packets.

**Enclosed is a check for** \_\_\_\_\$500 \_\_\_\_\$600 \_\_\_\_\$700

**Return completed form with your check payable to:**

HRPP HR Conference  
Department of Administration  
Attention: Beth Strandberg  
P.O. Box 200127  
Room 125, Mitchell Building  
Helena, MT 59620-0127

**TAX IDENTIFICATION NUMBER:** 81-0302402

**Payment due by October 3, 2008**

**After October 10, 2008 cancellations will receive no refund.**

Montana HR Conference Use: Date Payment Received \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Confirmation Date: \_\_\_\_\_